

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 19 PM 6:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 001000075817

1. Corporation Name
MINA ZAHEDI, INC
570 MEMORIAL CIRCLE
ORLOND BEACH, FL 32174

REINSTATEMENT 0203

2. Principal Office Address
570 MEMORIAL CIRCLE

3. Mailing Office Address
21 TOMOKA COVE WAY

Suite, Apt. #, etc.
-

Suite, Apt. #, etc.
-

City & State
ORLOND BEACH, FL

City & State
ORLOND BEACH, FL

Zip
32174

Zip
32174

4. Date Incorporated or Qualified To Do Business in Florida
July 2001

5. FEI Number
59-3728952

Applied For -
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
MINA ZAHEDI 700022423487

Street Address (P.O. Box Number is Not Acceptable)
21 TOMOKA COVE WAY

Suite, Apt. #, Etc.
-

City
ORLOND BEACH

State
FL

Zip Code
32174

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
M. B. Zahedi
REGISTERED AGENT MUST SIGN

Date
8/18/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|---|---|
| P | MINA ZAHEDI | <u>21 TOMOKA COVE WAY</u> ORLOND BEACH, | <u>ORLOND BEACH, FL</u> <u>32174</u> |
| V | ALI BABAZADEH | <u>21 TOMOKA COVE WAY</u> | <u>ORLOND BEACH</u> <u>FL 32174</u> |
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: M. B. Zahedi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/03
Date

(386) 676-4410
Daytime Phone #

CR2E081 (10/02)